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ABSTRACT

The paper outlines the program of services provided by a multidisciplinary professional team for the neurologically disordered child from preschool to young adulthood. Noted among the services offered are the following: an infant stimulation program, preschool prep program, group sensory integration program, special educational assistance, summer enrichment program, summer skill advancement program, preteen and teen discussion groups, older teen and young adult recreation and sports clubs, independent living skills program, behavior management groups for parents, and family conferences. (SBH)

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Tuesday, June 27th, 1978: 1:30-3:30 P.M.

Panel 18. "Relationship of Physical and Sensory Stimulation and Remediation to the Intellectual Development of Children"

Multidisciplinary Team Service Delivery

"A Unique Team Approach to the Total Education of the Student with a Neurological Disorder"

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The focus of this multi-disciplinary, professional team is the child in the home, the school and the neighbourhood in which he/she exists, develops and interacts. It is the belief of the members of the team that a centralized, monolithic-based programme creates a rather artificial situation which does little to assist the child in coping with the world as it really is for him/her. The expense of the team members travelling to where the child is located, has to be viewed in the cost-comparison terms of adapting his/her programme to meet his/her specific needs, within the framework of the home, the school and the local neighbourhood. The child then becomes the main beneficiary with the family unit, school class and neighbourhood also reaping the accrued benefits.

The clients of the centre, who are referred by medical practitioners because of their diagnosis of neurological impairment, are

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served by the multidisciplinary, professional team which is comprised of the following departments: Education, Medicine, Music Therapy, Occupational Therapy, Physiotherapy, Speech Therapy, Social Work and Vocational Psychology.

The centre team, and/or its team consultants, conduct either Educational, Occupational Therapy, Physiotherapy, Psychiatric, Psychological, Speech Therapy, Social Work and/or Vocational assessments to complement the respective medical assessments which come at the time of the initial client referral and then, when deemed necessary, during the client's association with the centre. Assessments for assessment's sake are not tolerated by members of the team; the team members see the worth of an assessment in terms of its prescriptive value! All assessments must provide information that can be utilized in the attainment of both short range and long term goals for the client. The results of all assessments are shared with the parents at an around-the-table meeting so that they can fully comprehend what has been found by the team personnel, and, in what direction they wish to pursue in the total treatment of the child.

The Nursery School/Pre-School that best meets the needs of the individual child is sought out and then recommended to the parents who are invited to preview the school and alternates, if possible, with a team member.

When the child becomes ready for Kindergarten, the involved school personnel are then provided with the information that the team members and parents deem appropriate for the msot suitable setting and fruitful experience for that particular child. Through the cooperation of the

various school personnel, team members and parents, if able, view the prospective placement situations before arriving at a final selection.

Each class placement for the successive year is reviewed by the team, school personnel and parents and observations of prospective classes are commenced as early as the month of March. However, it should be pointed out that the staff will inform the parents and certain school personnel, whenever they feel that a school placement is not conducive to the most fruitful learning and behavioural situation for the student. A meeting of the three involved parties is organized in order to arrange for either the alternate placement of the student, or for extra specialized assistance for the student.

The student's articulation to secondary school is made with extreme care and entails close monitoring of the proposed placement. If at all possible, a conference between the actively involved staff from the forwarding elementary school and the recipient secondary school is conducted so that there is a continuum of the student's total goal-oriented programme.

Once per year the team members conduct a meeting to discuss and re-evaluate the long-range goals of each individual student, with the greater emphasis being placed upon those students who are in the secondary grades. The long-range goals for each student are made in conjunction with the parents and the student, and are made known to the school personnel in order to assure that the programme in which the student is currently enrolled, will assist in the attainment of the proposed long-range goals that have been set for him/her.

Intra-district and inter-district transfers are preceded, where

possible, by an assessment of which school in the particular school district to which the student is transferring can best meet the needs of the student. Once again, the background information which pertains to that student, and which is agreed to by the parents, is discussed with the receiving school personne.

The student may need to be placed in a special residence/setting such as a school for children who exhibit behavioural problems in conjunction with learning problems. The centre team supports the parents, school and/or other agencies in the application for special placement only if they believe that the placement is in the best interests of the student and his/her family. Once the student is in the special setting, the team members provide assistance to the staff of the special setting and on-going support to the family unit. Preparation for the student's re-entry into the mainstream educational system is prepared in advance of his/her release from the special setting, so that some of the trauma of re-entry is removed for the student.

The centre team conducts an Infant Stimulation Programme at the centre in order to complement the home programmes of the children, aged from 6 months of age, whom it is thought would benefit from the group participation programme.

A small group Pre-School Prep Programme is conducted so that it will give the youngsters the pre-requisite tools for joining pre-school/ nursery school programmes within their local neighbourhood -- where possible.

A group Sensory Integration programme is conducted at the centre proper; the main reason being that the equipment has been erected in

one of the therapy rooms.

Special Educational Assistance of varying forms is provided for the student who is in need of same, either at his/her school and/or home; the individual situation determining the location. Tutoring programmes which encompass either the entire year or just the summer vacation are established by the team members who are involved with the educational aspect of the student's programme.

During the summer months, the Summer Enrichment Programme for the infant and pre-school level children is conducted by coordinators with early childhood education training and selected young adults who have a neurological impairment. Team members oversee the programme so that both the children and the young adults become beneficiaries of the programme.

As well, during the summer months the Summer Skill Advancement Programme for elementary school level children is conducted by coordinators with special education training and selected young adults who have a neurological impairment. Likewise, the team members oversee this programme too, so that both the students and the young adults benefit from the specialized programme.

Where it is deemed to be a positive influence, materials are provided to the parents so that they might undertake unobtrusive teaching programmes - Positive Interaction Periods - with their respective child and possibly siblings, during the early evening hours. Video playback machines and one-way mirrors are utilized in order to assist the parent with his/her teaching and reinforcement techniques.

Pre-Teen and Teen Discussion Groups are organized so that the

students might have an environment in which they can express their concerns about home, school and the community with other peers who may be experiencing similar problems. Where possible, these groups meet at the local Community Centre in the areas in which the group is established, and the students are required to enroll in another programme that is offered by the Community Centre.

Older Teen and Young Adult Recreation and Sports Clubs have been established under the guidance of team members who gradually withdraw and let the clubs exist and function along the lines of a democratically-operated, member-administrated programme. The club members assist team members by constructing teaching materials that are used by both the professional staff and parents with the students who are at the pre-school and elementary school age levels.

Commencing in May, 1978 (this paper was prepared in early April, 1978), an Independent Living Skills programme will be instituted so that selected young adults may live together in a house where they will learn the necessary skills which are pre-requisites to their independent living. The theory is, that the young adults will be able to live independently within the community once they have passed through this programme.

Behaviour Mangement groups for parents are conducted by the team members for those parents who desire to attend and to learn how to handle family dynamics problems more effectively. These groups are held either at the Centre or in private homes.

Every two weeks, an Epilepsy Panel is conducted under the direction of a Neurologist, and a Cerebral Palsy Panel is conducted under

the direction of a Paediatrician. All the clients of the centre are covered by the umbrella of either one of these two panels. From 8 to 10 clients are discussed at each panel and the desire is for each student to be panelled no less than twice per year, or whenever a situation arises for special panelling. The client's present status is presented by way of verbal and written reports from the involved team members, medical practitioners and outside agency personnel, where involved. All involved professionals receive a written report which summarizes the content of the verbal and written reports. From these panels, staff meetings, planning meetings, etc. the directions for future involvement, programming, increased involvement, referrals to other agencies, etc., are discussed.

Family Conferences are conducted as often as desired, i.e., twice per year, but a minimum of once per year is acceptable where situations warrant it.

Other conferences, such as: Home-School liaison, Student-Teacher liaison, School-Other Agency liaison, and Student-Team are conducted when deemed necessary by the involved team members and the family. Where it is held to be appropriate, each client is kept conversant with the content of the meetings which are held to discuss his/her present status and/or future programming.

Should another specialized agency or organization offer a more relevant service to the client and his/her family, i.e., the association for the retarded with a sheltered workshop and a supervised permanent group living situation, the team members discuss the advantages and disadvantages of a referral with the parents and the family physician

before any contact is made with the new agency.

As a succinct summary, the effectiveness of our approach depends upon:

Commitment -- by the child, parents and all professionals

Communication -- open based between parents and professionals

Goals -- of both a short-term and a long-range basis.